

## Department of Development and Environmental Services Land Use Services Division 900 Oakesdale Avenue Southwest

900 Oakesdale Avenue Southwest Renton, Washington 98055-1219 206-296-6600 TTY 206-296-7217

## Application for Land Use Permits

## Alternative formats available upon request

Applic	eation Number(s):	Do no	t write in this bo	)X					
				<u> </u>					
					Date Receive	d: (Stamp)	_		
DO NOT WRITE ABOVE THIS DIVIDER									
I (We) request the following permit(s) or approval(s):									
0000	Building Permit Clearing & Grading Permit Temporary Use Permit Binding Site Plan Site Development Permit	00000	Shorel Shorel Shorel		al Development Per al Use Permit ation	HIL			
0000	Boundary Line Adjustment Short Subdivision Formal Subdivision Urban Planned Development	00000	Condit Reuse Specia Zone F	ional Use Per of Public Sch Il Use Permit Reclassificatio	nools on				
00000	Plat Alteration Plat Vacation Road Variance Drainage Variance or Adjustment Right-of-Way Use Permit Shoreline Exemption	000000	P-Suffi Specia Reaso Public	x Amendmer Il District Ove nable Use Ex	rlay Removal ception ility Exception	nament			
l,	(print name)				vorn, state that I am	the owner o	or		
officer of the corporation owning property described in the legal description filed with this application and that I have reviewed the rules and regulations of the Department of Development and Environmental Services (DDES) regarding the preparation and filing of this application and that all statements, answers and information submitted with this application are in all respects true, accurate and complete to the best of my knowledge and belief.									
During the review of this application, it may be necessary for DDES staff to make one or more site visits. By signing this application form, you are giving permission for these visits. If it is rental property, the owner hereby agrees to notify tenants of possible site visits.									
	printed name		_		signature				
	mailing address		<u> </u>	corpo	oration or company	name			
city state zip telephone  If applicable, state below, the name, address and telephone number of the authorized applicant for this application as shown on the Certification and Transfer of Application Status form filed with this application.									
name			_		mailing address				
telephone			_	city	sta	te zip			

Check out the DDES Web site at www.metrokc.gov/ddes

For Formal Subdivisions only:		
Name of Subdivision		
Registered Land Surveyor	Name	
	Address and Zip	
	Telephone Number	
Engineer	Name	
	Address and Zip	
Developer	Name	
	Address and Zip	
	Telephone Number	
Land Surveyor's Certification	Land S	urveyor Seal
I hereby certify that the accompanying plat has been inspected by me and conforms to all rules and regulations of the platting resolution and standards for King County, Washington		
Signed:		
Date:		

Note: Application forms and submittal requirements are subject to revision without notice.